RI SOS Filing Number: 201859273160 Date: 2/26/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

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Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED							
	FEB 2 6 2018 (						
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1. Entity ID Number	2. Exact name of the Corporation							
000097080	S.D.I. INTERIOR CONTRACTORS, INC.							
3. Principal Office Address 879 Waterman Avenue			City East Provid	ence	State RI	Zip 02914		
4 NAICS Code	Brief description of the character of business conducted in Rhode Island							
238350	Finishing and Installing Carpentry							
5. State of Incorporation Rhode Island								
7. List ALL officers (names an	id addresses)			Che	ck the box to it	ndicate an attachment 🗖		
President Name David S.Ed1i	Vice-President Name David S Edington							
Street Address 879 Waterman	Street Address 879 Waterman Avenue							
City East Providence	State RI	Zip <b>02914</b>	City East Providence		State RI	State RI Zip 02914		
Secretary Name David S., Ed:	Treasurer Name David S.Edington							
Street Address 879 Waterman Avenue			Street Address 879 Waterman Avenue					
City East Providence	State RI	Zip <b>02914</b>	City East Providence		State RI	<sup>Zip</sup> 02914		
8. List ALL directors (names a	and addresses)				eck the box to in	ndicate an attachment 🔲		
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name None					
Street Address	Street Address							
City	State	Zip	City		State	Zip		
9. Shares Authorized This Information is currently of record in the Department of State.		10. Shares Issued  NUMBER OF SHARES		Check the box to indicate an attachment   CLASS/SERIES PAR VALUE				
		100		Common		\$1.00		
Changes require an additional	filing.							
11 This report must be executrustee, this report must be ex					orporation is in t	he hands of a receiver or		
Under penalty of perjury, I d	declare and affirm	that I have examii	ned this report, is		companying s	chedules and		
statements, and that all statements and that all statements. Name of Authorized Represe		i nerein are true a	na correct.		Date .			
David S. Edington President  2/16/19								
Signature of Authorized Repri	esentative	SIGN DO	CUMENT HERE			+ 🗸		
1/m cd	1/							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence. Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov